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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/726,075	
	Filing Date	11/29/2000	
	First Named Inventor	Peter Gansen	
	Group Art Unit	1711 ✓	
	Examiner Name	John M. Cooney	
Total Number of Pages in This Submission	824	Attorney Docket No.	64251-006

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declarations(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request To Rescind Previous Nonpublication Request
<input checked="" type="checkbox"/> Copy of Certified Priority Document Cover Sheet and English-language Version	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Notice of Allowability
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s): Amendment Transmittal Letter (2), Verification of Translation, and Postcard
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet	
<input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	David Chambers, Reg. No. 50,788
Signature	<i>David Chambers</i>
Date	September 15, 2003

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Typed or printed name	Deborah Lane-Christian		
Signature	<i>Deborah Lane-Christian</i>	Date	9-15-2003

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PTO/SB/05 (03-01)

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Express Mail No.: ER 241850838 US	Attorney Docket No.	64251-006	First Inventor: Peter Gansen
AMENDMENT TRANSMITTAL LETTER Title: Molding Made from a Polyurethane and Process for its Production		Serial No.	09/726,075
		Filing Date	11/29/2000
		Examiner	John M. Cooney
		Group Art Unit	1711

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Large Entity Status

☐ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED - PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
	(Column 1)		(Column 2)	(Column 3)					
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	38*	Minus	**38	=0	x \$9.00=		x \$18.00=	
	Independent (37 CFR 1.16(b))	2*	Minus	**2*	=0	x \$42.00=		x \$84.00=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$140.00=		x \$280.00=	
					TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

☐ Petition of Extension of Time.

☒ No additional fee is required for amendment.

☐ A check in the amount of the fee is enclosed.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 08-3460.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460.
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☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

David Chambers
Signature

Date: September 15, 2003

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